



Department of Environmental Services

Engineering/Construction Division

300 Park Avenue, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

Fire Alarm & Sprinkler Permit Application

Date _____

PERMIT NO. _____

Required fields are marked with ➤ and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please write "None" in that section. If there is no lessee, write "None" in that section.

ADDRESS OF BUILDING

➤ _____ **Falls Church, VA** ➤
Street Address Zip

APPLICANT/CONTRACTOR INFORMATION

MECHANICS' LIEN AGENT (Residential Only)

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C. ➤
➤ _____ ➤
Address ➤
➤ _____ ➤
City State Zip Code
☐ A. ☐ B. ☐ C.
VA State License Number Class

BUILDING OWNER INFORMATION

LESSEE INFORMATION

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C. ➤
➤ _____ ➤
Address ➤
➤ _____ ➤
City State Zip Code

TYPE OF SYSTEM TO BE INSTALLED

CONTRACT PRICE

☐ Low-Voltage Fire Alarm System ☐ Water Sprinkler System ☐ Chemical Fire Suppression System

➤ \$ _____

TYPE OF WORK

Qty	Fire Alarm Item	Qty	Sprinkler/Chemical Suppression Item
	Panels	Stand Pipe: Number of Standpipes: _____ Floors Each: _____	
enter total qty	Pull Stations: _____ Bells: _____ Strobes: _____ Gongs: _____		Pumps
	Heat Detectors: _____ Smoke Detectors: _____ Door Locks: _____		Heads
	Flow Switches: _____ Tamper Switches: _____		

Please note the State Contractor License endorsement requirements necessary for a permit. To install a fire alarm, you must have a Master Electrician's License and either the ELE or FAS endorsement on the State Contractor's License.

To install a sprinkler system you must have the SPR endorsement, or a PLB endorsement for limited-area sprinklers as defined by BOCA. To install any chemical fire suppression system, you must have the FSP endorsement.

MASTER ELECTRICIAN

Name: _____ **VA State License #:** _____ **Expires:** _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

➤ _____ ➤
Signature of Applicant Date Address
➤ _____ ➤
Print Name Phone to Call When Permit Ready City State Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals

Permit Fee

Building Official _____ **Date** _____

Zoning Approval Not Required

IBTS Fire Review Required? ☐ Yes ☐ No **Date Received** _____

Base Permit Fee _____

1.75% State Levy _____

Total Permit Fee _____